

Date: 03/09/2020		Pay Method: R		MRN: 775300		Age/Sex : 0/F		Doctor: DR. GHULAM ALI FAQEER													
<b>Vital Signs:</b> Temperature: 37 <b>BP:</b> Pulse: 129 <b>CHECK-UP :</b> Trn. 07:51PM Check-In: 7:57PM Check-Out:																					
<b>Chief Complaint:</b> atopy cheeks arms 1m reduced milk intake 2 weeks fever on off pallor 1 month vomiting 2d 3/d,																					
<b>Significant Signs:</b> pallor+ throat n chest clear itchy lesions cheeks arms legs +,																					
<b>Duration of Illness:</b> 1m, <b>LMP:</b>																					
<b>Other Conditions:</b>																					
<b>Diagnosis:</b> atopic dermatitis ac gastritis,																					
<b>Management:</b>																					
<b>ICD Princ. Code:</b> L20.9 Atopic dermatitis, unspecified																					
<b>ICD 2nd Code:</b> K29.7 Gastritis, unspecified																					
<b>ICD 3rd Code:</b>																					
<b>ICD 4th Code:</b>																					
<table border="0"> <tr> <td><input type="checkbox"/> Chronic</td> <td><input type="checkbox"/> Congenital</td> <td><input type="checkbox"/> RTA</td> </tr> <tr> <td><input type="checkbox"/> Work Related</td> <td><input type="checkbox"/> Vaccination</td> <td><input type="checkbox"/> Check-Up</td> </tr> <tr> <td><input type="checkbox"/> Psychiatric</td> <td><input type="checkbox"/> Infertility</td> <td><input type="checkbox"/> Pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Cleaning</td> <td><input type="checkbox"/> Sports Related</td> <td><input type="checkbox"/> Orthodontics</td> </tr> </table>										<input type="checkbox"/> Chronic	<input type="checkbox"/> Congenital	<input type="checkbox"/> RTA	<input type="checkbox"/> Work Related	<input type="checkbox"/> Vaccination	<input type="checkbox"/> Check-Up	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Infertility	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Sports Related	<input type="checkbox"/> Orthodontics
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<b>Trn. Type</b>	<b>Date</b>	<b>Code</b>	<b>Service Description + Dosage</b>																		
<b>LABORATORY</b>																					
Requisition	03/09/2020	0102	CBC (Differential)							Quantity											
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<b>PHARMACY</b>																					
Requisition	03/09/2020	GEN02241	<b>FERROUS SULPHATE DROPS</b> 15MG/0.6ML (ELEMENTAL IRON) DROPS 0.3ml Oral Every 24 hours For 30 Days							1											
Requisition	03/09/2020	GEN02103	DIMETHINDENE MALEATE DROPS 3 drops Oral Every twelve hours For Ten Days							1											
Requisition	03/09/2020	GEN02441	HYDROCORTISONE 1% CREAM Topical Every twelve hours For Seven Days							1											
Requisition	03/09/2020	GEN02134	DOMPERIDONE 0.1% SYP 1ml po before meals Oral Every twelve hours For Two Days							1											
Transaction	03/09/2020	00008841	FEROMIN 25MG ORAL DROPS							1											
Transaction	03/09/2020	00001027	FENISTIL DROPS							1											
Transaction	03/09/2020	00000581	CORTIDERM 1% 30GM CREAM							1											
Transaction	03/09/2020	00004106	DOMPY 0.1% 200ML SYP							1											